#### BAYFIELD COUNTY SANITARY PERMIT APPLICATION

I. APPLICATION INFORMATION	Soil Test	County Permit No: 17-0	200
(Please Print All Information)	No:	Permit No: / / Us	340
Property Owner's Name Mary Ann Cashin (LE) Ann Marie Koski et AL	County:	Bayfiel	d
Address of Property	Property Location:		.,
<u>.</u> *	SW 4 SW 4, S / Township Barnes	9 T45 NP 9	E (or)(W)
54110 Loun Lake Rd	SW 1/4 SW 1/4, S /	C I	E (OL)(**
Property Owner's Mailing Address	Township	Gov. Lot #:	
1315 North /1th St.	Darmes	= 100 St W31	an of contra
City, State Zip Code Phone Number	Lot # B	IOCK #.	ibalvision rante of
City, State Zip Code 54880 Phone Number 54880		C	SM #:
II. TYPE OF BUILDING: (Check One)	Parcel ID	— A B P C T	WEIN
State Owned	Tax Number(s):		
Public (Explain the use/purpose)  1 or 2 Family Dwelling - No. of Bedrooms	2655		
101 Liumiy Dwoning 110. 01 Doutoons	1952	- JUL 27	2017
III. TYPE OF PERMIT: (Check only one box on line A. Check			
A) New Replacement C	ounty Private Interceptor	Rayfield Co. 70-	alma, Pa
,	♦♦ □	Bayfield Co. Zor	
1. Reconnection 2. Repair 3. Repair	evision ** . Tran	sfer of Owner (List Previo	ous Owner below)
	<u> </u>		
person		The second second	
B) A Sanitary Permit was previously issued. <i>Previo</i>			
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * R	eplacements need previous	permit number and date	filled out above
· ·			
C) Dit Privy X ault Privy (Vault s	ize: 47/3 gallons orcu	bic yards)	
	]	Turin maile Tailet	
Portable Privy (Temporary Use Only)	Composting Toilets	Incinerating Toilet	
V. ABSORPTION SYSTEM INFORMATION:			
1. Gallons 2. Absorp. Area 3. Absorp. 4. Lo	oading Rate 5. Perc.	1 *	7. Final Grade
	. / Day / Sq.Ft.) (Min.	Inch) Elev.(Feet)	Elev. (Feet)
(Sq. Ft.)			
VI. TANK Capacity In Gallons Total # of	Manufacturer's Prefab.	Site Fib	er- Exper.
INFORMATION: In Gallons Total # of Gallons Tanks	Name Concrete	Constructed Steel glas	I Plastic I
Tanks Tanks			
Septic Tank or Holding 275	nart 1		
Tank / A/J /	ABCTANK		
Lift Pump Tank / Siphon			
Chamber			
VII. RESPONSIBILITY STATEMENT:			
I the undersigned, assume responsibility for installation of the onsi	te sewage system shown on	the attached plans.  No Stamps) MP/MPR	GMI-NT.
Tidinoci bi Owner b	er's / Owner's Signature: (	No Stamps)   Wirthir K	SW NO.
A SING CALL STORY & ST	y an Cesher		8 - C// mint
Plumber's Address: (Street, City State, Zip Code)	Home Phone:	<b> </b>	one:
	715-785-29	479 218-3	93-7610
VIII. COUNTY / DEPARTMENT USE ONLY			
Disapproved Sanitary Permit/Tra	nsfer Fee: Date Issued:	Issuing Agent's S	ignature / Date:
	77-17 24-1	- HAR	
Adverse Determination	644	L 01/000	The state of the s
/	PPDOVAL.		
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAL		er fren en detast en trafficial participation participation (1977).	en e
		Agreement of the same of the s	
		Rec'd for I	20001122
		1	-onaile
		AUG 16	2047
		1 100 10	4011
			Plot Plan on reverse side



### wn, City, Village, State or Federal May Also Be Required

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

CAND USE - X
SANITARY - X
SIGN SPECIAL CONDITIONAL BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Date

17-0328 No. Issued To: Mary Ann Cashin & Ann Marie Koski Location: 1/4 of Section 19 Township 45 N. Range 9 W Town of Barnes E 100' of W 360' of Gov't Lot Lot Subdivision Block CSM# For: Residential Other: [ Vaulted Privy (275 Gallon) ] (Disclaimer): Any future expansions or development would require additional permitting. Condition(s): **Tracy Pooler** NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun. Authorized Issuing Official Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. August 16, 2017

SUBMIT: COMPLETED APPLICATION, TAX Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

BAYFIELD COUNTY WISGONSIN Date Stamp (Received)
AUG APPLICATION FOR PERMIT AUG 0 1 2017 

	· ·		
Refund:	Amount Paid:	Date:	Permit #:
÷	\$75.00 CAS	8-16-17	17-0338

4

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

Bayfield Co. Zonling Dept.

けっていいし			Section W	1/4,		LOCATION	PROJECT		Authorized Agent: (Per		Contractor:		Address of Property:	(harlo te	Owner's Name:	TYPE OF PERMIT REQUESTED>
	☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent)  Creek or Landward side of Floodplain? If yescontinue —▶		Township 44 N. Range	14	Gov't Lot   Lot(s)	Legal Description: (Use Tax Statement)			Authorized Agent: (Person Signing Application on behalf of Owner(s))	2002	,	SARY	à.	Mecikelski		QUESTED→ N LAND USE SANITARY
	r, Stream (incl. Intermittent)  If yescontinue —		W Town of:		CSM Vol & Page		Tax ID# (4-5 digits)		Agent Phone:		Contractor Phone:		City/State/Zip:	HISS FO	Mailing Address:	□ PRIVY
	Distance Structure is from Shoreline:	<b>ジャッととい</b>	,		e Lot(s) No.   Block(s) No.	1302			Agent Mailing Address (include City/State/Zip):		Plumber:	<b>シ</b> ゆいと		4155 Pelix 20 Barnes WI SY8	City/State/Zip:	☐ CONDITIONAL USE ☐ SPECIAL USE
	<b>*</b>		Lot Size		Subdivision:	Document #:	Recorded Deed (i.e.		/State/Zip):					54873		CIAL USE   B.O.A.
_	Is Property in Are Wetlands Floodplain Zone? Present?	2,016	Acreage			)92 R 231	# assigned by Register of Deeds)	Attached	Written Authorization		Plumber Phone:		Cell Phone:	4957 564 SIE	Telephone:	J.A. DTHER

				70.000	Э		Value at Time of Completion * include donated time & material
	Property	ି Run a Business on	Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	> New Construction	Project
X Gravia	☐ Foundation	☐ No Basement	Basement	2-Story	☐ 1-Story + Loft	₹ 1-Story	# of Stories and/or basement
		:			▼ Year Round	☐ Seasonal	Use
		₩ None		□ 3	□ 2	<b>1</b>	# of bedrooms
□ None	☐ Compost Toilet	□ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type: St	□ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System is on the property?
		L.,,,,,,,			∑ Well	□ City	Water

**X**Shoreland

)\$\text{\$\text{Cls Property/Land within 1000 feet of Lake, Pond or Flowage}} \text{If yes...continue}

Distance Structure is from Shoreline :

Is Property in Floodplain Zone?
☐ Yes

Present? □ Yes □XNo

No

Existing Structure: (If permit being applied for is relevant to it)
Proposed Construction:

Length:

Width:

Height: Height:

~

Proposed Use 💎 🗸	Proposed Structure	Dimensions	Square Footage
	Principal Structure (first structure on property)	~ ×	
	Residence (i.e. cabin, hunting shack, etc.)	( ×	
	with Loft	( ×	
Residential Use	with a Porch	( ×	
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	with (2 <sup>nd</sup> ) Porch	( ×	
Hec'd for Issuance	with a Deck	( ×	
	with (2 <sup>nd</sup> ) Deck	( x	
Comhdercial Use Uli	with Attached Garage	( x )	
Operatorial Ctaff	<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	( x )	
Secretalial Stati	Wobile Home (manufactured date)	( x )	
	Addition/Alteration (specify)	( x )	
Winnicipal Use	Accessory Building (specify) CACAGA / Polc 31 dg	( 72 x 24)	なれら
	Accessory Building Addition/Alteration (specify)	( x )	
	Special Use: (explain)	( x )	
	Conditional Use: (explain)	( x )	
	Other: (explain)	( x )	

FAILURE TO OBTAIN A PERMIT OL STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) and (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Desperant.

Authorized Agent: (If you are s	Owner(s): Mandate & (If there are Multiple Owners listed on the Deed
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	Owner(s): Use Manual E Manual Manual Life (if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Address to send permit

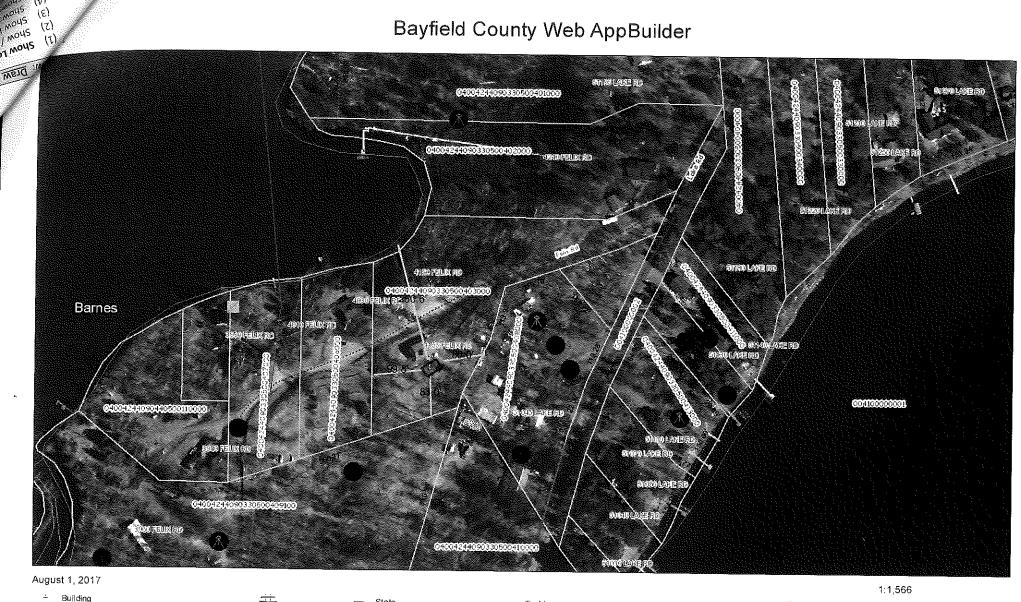
Date

Date

ţ

Hold For Sanitary: Hold For TBA:	Signature of inspector:  Signature of inspector:  Signature of inspector:  Signature of inspector:	Date of Inspection: 8/11/17	Inspection Record:	Was Parcel Legally Created ☐ Yes Was Proposed Building Site Delineated ☐ Yes	Granted by Variance (B.O.A.)    Yes   No   Case #:	Lot	Permit # 17-0335	Issuance Information (County Use Only) Permit Denied (Date):	(9) Stake or Mark Proposed Lo  NOTICE: All Land Use  For The Construction Of New  The	Other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (3) che previously surveyed corner to the other previously surveyed corner, or verifiable by the Departimarked by a licensed surveyor at the owner's expense.	Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (i.e.	Setback to Septic Tank or Holding Tank	Setback from the West Lot Line Setback from the East Lot Line	<u>ا</u>	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	(8) Setbacks: (measured to the closest point)  Description  Measured  Measured	Please complete (1) – (7) above (prior to continuing)		(1) Show Location of: Pr (2) Show / Indicate: No (3) Show Location of (*): (* (4) Show: All (5) Show: (*): (*): (*): (*): (*): (*): (*): (*)
Hold For Affidavit:	ris Attached? Yes: No - (IT No they need to be attached.)  Condition: No accessory building shall be used for human habitation / sleeping purposes without necessary county and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.	Inspected by:		O No	Previously Gran	(Deed of Record)   No   Mitigation Required   No   Mitigation Attached   No   Mitigation Attached   No   No   No   No   No   No   No   N	Permit Date: 8-16-19	) Sanitary Number: Reason for Denial:	ar from g: ALL ate or I	D) feet from the minimum r ment by use of a corrected	Feet Feet Feet	Feet	Feet	RZ Feet Sethack from	eet Setback eet Setback	e closest point)  Measurement		Ver Attack	Proposed Construction North (N) on Plot Plan  (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property  (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond  (*) Wetlands; or (*) Slopes over 20%
Hold For Fees:		Da	Zoning District Lakes Classifice	Were Property Lines Represented by Owner ☐ Yes	Previously Grantêd by Variance (B.O.A.) □ Yes □ No Case #:	uired □ Yes □ No Affidavit Required iched □ Yes □ No Affidavit Attached		# of bedrooms: Sanitary I	Septic Tank (ST), Drain field (DF), Holding Tank (HT), Priv the Date of Issuance if Construction or Use has not begun. Municipalities Are Required To Enforce The Uniform Dwellin ederal agencies may also require permits.	ed setback, the boundary line from which the setback must hass from a known corner within 500 feet of the proposeds	from which the eethack must be measured must be visible from a	Well	20% Slope Area on property Elevation of Floodplain	Sothack from Wotland	the Lal	Changes in plans must be approved by t  Description		CO VAAA	tage Road) (DF); (*) <b>Holding Tank</b> (HT) and/or (*) <b>Privy</b> (P)
	Date of Approval: 8/18/1	te of Re-Inspection:	Zoning District ( ) Lakes Classification ( )	□No		equired ☐ Yes ☐ No tached ☐ Yes ☐ No			), <u>Privy (P)</u> , and <u>Well</u> (W). egun. welling Code.	be measured must be visible from ite of the structure, or must be		10 Feet	Yes No		250 Feet - Feet	d by the Planning & Zoning Dept.  Measurement			<b>v</b> y (P)

#### Bayfield County Web AppBuilder



Recorded Map 0.07 mi Corner Tie Sheets Town Rivers Road Type 0.03 0.06 0.12 km Section Comer Monument on File Municipal Boundary Douglas Co Parcels Section Comer Monument Referenced on Survey Section Lines Ashland Co Parcel Bayfield County Bayfield County Survey Maps Approximate Parcel Boundary Federal UnRecorded Map Meander Line

--- Private

Tie Line

0.0175

0.035

### Village, State or Federal May Also Be Required

SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-	0330	Issued	d To: Ch	arlo	te & F Mich	ael M	ecika	ılski			<u> </u>		
Location:		½ of -	1/4	Section	3	Township	44	N.	Range	9	W.	Town of	Barnes	
<b>Par in</b> Gov't Lot	4	Lot		Blo	ck	Su	bdivisio	on				CSM#		

For: Residential Accessory Structure: [ 1- Story; Garage (26' x 24') = 624 sq. ft. ]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

#### Tracy Pooler

Authorized Issuing Official

August 16, 2017

Date